

# Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.



The Office of the Governor, Division of Medicaid (known as DOM) must by law keep your health information private and give you notice of its legal duties and privacy practices for your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at DOM, please contact:

Division of Medicaid  
Privacy Officer  
239 North Lamar Street, Suite 801  
Jackson, MS 39201  
(601) 359-6120  
(800) 421-2408 Ext. 6120

**Effective Date of This Notice: April 14, 2003**

## **I. How DOM May Use or Disclose Your Health Information**

DOM gets health information from you and stores it in files and on a computer. This is part of your Medicaid record. The Medicaid record belongs to DOM, but the information in the medical record belongs to you. DOM keeps your health information private. The law lets DOM use or disclose your health information for the following purposes:

1. Treatment. DOM will get or keep information about you regarding your health care treatment and options. Although DOM does not give the treatment directly to you, DOM will get some medical history and coded information about your health and treatment. DOM does use and keep this specific health information to make sure proper payment of benefits, and many times that the best benefits have been given to you within Medicaid guidelines. This use or disclosure by DOM does not mean that your health providers are not responsible to provide the best care. You and your provider must decide together what care is best for you. *Example: DOM will get your medical information from your provider, who will send billing information to Medicaid for care they provide to you. DOM will then review the billing and treatment information to make sure it was correct, based on standards, and DOM will pay your provider for the services that you are eligible for at pre-set rates.*
2. Payment. DOM does get information about you and will use and disclose information about you to health care providers, business associates, and other covered entities in order to send and get payments for services you get from providers. *Example: Your doctor will send certain health and private information about you to DOM or a DOM business associate, who will in turn check to be sure you were eligible for benefits and will send payment directly to the health care provider for the services you got if you were eligible for such.*
3. Regular Health Care Operations. DOM does some contracts with business associates to handle your personally identifiable health information. These business associates will often prepare reports, data and information for use and disclosure throughout DOM and to any others allowed by law. Also, DOM will use and disclose your information as the law allows to conduct an assessment of Medicaid systems and training. *Example: DOM does plan for future Medicaid services by conducting needs assessments. Also, DOM does conduct medical reviews or administrative proceedings to check quality control of services available.*
4. Information provided to you. DOM does let individuals request an opportunity to see the health information about themselves.
5. Notification and communication with family. We may disclose your health information to tell a family member, your personal representative or another person responsible for your care about where you are, your general condition or if you die. If you are able and can agree or object, DOM will give you a chance to object prior to making this notification. If you are unable or cannot agree or object, our health professionals will use their best judgment in telling your family and others.
6. Required by law. As required by law, we may use and disclose your health information.
7. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting

domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

8. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

9. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.

10. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

11. Deceased person information. We may disclose your health information to coroners, medical examiners, and funeral directors.

12. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

13. Research. We may disclose your health information to researchers doing research that has been approved by a DOM approved Privacy Board.

14. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

15. Specialized government functions. We may disclose your health information for military, national security, correctional institutions and government benefits purposes.

16. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.

17. Marketing. We may contact you to remind you of appointments or to give you information about other treatments or health-related benefits and services that may be of interest to you.

## **II. When DOM May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, DOM will not use or disclose your health information without your written authorization. If you do authorize DOM to use or disclose your health information for another purpose, you may take back your authorization in writing at any time.

## **III. Your Health Information Rights**

1. You have the right to ask for restrictions on certain uses and disclosures of your health information. DOM does not have to agree to the restriction that you ask for.

2. You have the right to get your health information through a reasonable alternative means or at an alternative location. You must present a DOM form which tells your specific request. There may be charges to get this information. You will be told in advance.

3. You have the right to see and copy your health information. There may be fees and charges for the time it takes to copy, prepare, supervise, and mail the information you ask for.

4. You have a right to request that DOM change your health information that is not correct or not complete. DOM does not have to change your health information and will give you information about DOM not changing the information. You will be told how you can disagree with the denial.

5. You have a right to get a list of disclosures of your health information made by DOM, except that DOM does not have to include disclosures for: 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), and 16 (certain government functions) of Section I of this Notice of Privacy Practices.

6. You have a right to a paper copy of this Notice of Privacy Practices and can get this Notice in another format.

#### **IV. Changes to this Notice of Privacy Practices**

DOM reserves the right to change this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it keeps, including information that was created or received prior to the date of such change. Until such change is made, DOM must by law comply with this Notice. Upon a material change of this Notice, DOM will send a new Notice with the changes and effective date of change to each current beneficiary.

#### **V. Complaints**

Complaints about this Notice of Privacy Practices or how DOM handles your health information should be sent to:

Division of Medicaid  
Privacy Officer  
239 North Lamar Street  
Suite 801  
Jackson, MS 39201

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.

For instructions on how to obtain this information in either Braille or a non-English speaking format, please contact your local Division of Medicaid Office for details.